Cambridge Local Health Partnership 29 November 2012

Community Navigators

Purpose of paper

The Partnership has said that it wants to look at how the "Aging Well" initiative can be best supported in Cambridge, taking advantage of the existing networks and support available.

The Community Navigator scheme is intended to improve collaborative working and enhance localised activity, increasing the capacity of communities to support older people and increase overall community resilience. Members said at the previous meeting they wanted to find out more from the Community Navigators covering Cambridge about their role, and how members can help them in their work.

Members also reserved judgement about the need for a new Forum to coordinate local activity in the City and wanted to ask stakeholders their views first about whether one was necessary, given existing partnership arrangements. It is proposed to use a meeting of Cambridge City Council's Diversity Forum to engage local stakeholders and ask this question as a part of wider equalities work in this area.

Members are asked to:

- Give initial views on the work programme of the Community Navigators and to suggest "community contacts" and other links to take this forward.
- 2. Agree to Cambridge Council using its Diversity Forum to ask local groups looking at Aging Well issues their views about the establishment of a new Forum.

Background

The following is an extract from a paper to the County Council's Cabinet on the 12 June 2012 on Adult Social Care – Strengthening Prevention, which provides some background to the scheme.

- 5.1 From the evidence outlined above and a number of community conversations with older people, there is a need to:
 - Coordinate existing activity (organisational and individual) at a local level
 - Raise awareness of, and connect people to, existing activities and services
 - Ensure high quality information is available in key locations (eg with GP's and Parish Councils) within communities, alongside trusted individuals who can help interpret it
 - Reach out to isolated and lonely people at a local level, to reduce the (health) impact of loneliness, and to avoid the adult social care pathway starting with an expensive crisis, as far as is possible
 - Use local intelligence to identify, and propose solutions to, gaps (or poor quality) of provision
 - Identify duplication of effort or resource, enabling more rational deployment
 - Focus attention on those at risk of requiring adult social care, through a better understanding of trigger events (eg bereavement; even loss of loved pets) their precursors, and effective responses
 - Create a District and Countywide infrastructure to enable coherence in the "whole system"; to gather further information about trigger events, and to be able to disseminate training, learning and to deploy any relevant future agreed resource
 - Work with strategic partners to identify common objectives (eg the Public Health Outcome Framework, which outlines four domains; (1) improving the wider determinants of health; (2) health improvement; (3) health protection and (4) preventing premature mortality¹.

Encourage vibrant local activity through the leadership of the voluntary sector, supported by statutory partners

Help develop (then deliver) a "universal offer" to every older resident in Cambridgeshire about access to services which will support independence, health and wellbeing

(www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132559.pdf)

¹ Improving Outcomes and Supporting Transparency; A Public Health Outcomes Framework for Health 2013-16

Through collaborative working and enhanced localised activity, increase communities' own capacity to support their own members and increase overall community resilience

- 5.2 In order to achieve this, the new and job-neutral idea of "Community Navigators" is being proposed, to focus and coordinate current activity. There are many people in Cambridgeshire who are currently engaged in the above activities, especially at the local level. They may be paid or unpaid; supported through an organisation, or simply active members of their local community, struggling to advise or support their neighbours to navigate their way through a complex arena of service provision.
- 5.3 It is proposed to develop a voluntary sector led infrastructure that will better coordinate and develop such activity.
- 5.4 This structure will help facilitate the required linkages across the "whole prevention system" in Cambridgeshire and link with other initiatives in local government (housing and transport), health and the voluntary sector itself. For example, for many people their first stop for information is to their GP, who are themselves looking closely at prevention and early intervention as in the project being run by the Borderline Group.
- 5.5 To encourage local creativity, a small "Innovation Fund" is proposed (see below)
- 5.6 To this end, we are negotiating a position with Care Network, a voluntary organisation which is heavily involved in prevention activity, and which already has a base in each District. This will enable the project to begin with the infrastructure outlined below:

Countywide Community Navigator Coordinator- (1 paid post) would steer and coordinate the Navigators, develop and support a cross sector steering group, make strategic links to partners and develop a robust funding portfolio to ensure sustainability. This role would also oversee the collection of data, linking into JSNAs and the further research into the triggers that bring people into statutory services, return on investment modeling and the facilitation of external evaluation

District Navigator Facilitators - (1 paid post per district) would coordinate and facilitate partnerships with local, voluntary and statutory sector partners, identify gaps in services and stimulate innovation through a bespoke Innovation Fund. The Facilitators would also develop a training package for the Community Navigators.

Community Navigators - are an essential part of the programme. The Community Navigators are friendly and approachable first points of contact who are out and about in Cambridgeshire's communities. These Navigators could be staff or volunteers used by a range of voluntary organisations that are already active in communities. Through the Community Navigator approach these people would be offered some focused training in aspects of

statutory, voluntary and community services and activities; enabling them to find and support people with unmet needs within their community.

The Community Navigators will provide advice and/or support to help older people live active, independent lives The Community Navigators will know what is available to support older people in their communities. This might range from access to home adaptations, such as grab rails on the front step to stop someone having a fall in their own home, to benefit advice to ensure people are financially secure, or support to access a local friendship club to stop someone feeling isolated.

In similar schemes around the country a number of case studies have emerged which show the impact of the Navigator function:

I recently visited a lady who in the last 2 years has lost her husband and then suffered a stroke – leaving her without use of her left side. She also has cataracts on both eyes and is awaiting the operation. She doesn't go out at all and her family all live some distance away. I visited her because she wanted a cleaner and someone to do her shopping – I immediately referred her to Age UK. As we got chatting about what she used to like to do she mentioned that she misses reading. I asked her if she knew about the Home Library Service – her reply was she couldn't read because she couldn't see well with her cataracts but "she really missed reading a good romance" I then went on to tell her about Spoken Word Books available on either CD or tape – her face lit up! I straight away referred her to the home library service that will ensure that she can listen to a good book even if she can't actually read it! It's a small thing but I really felt it was going to make a difference to her!²

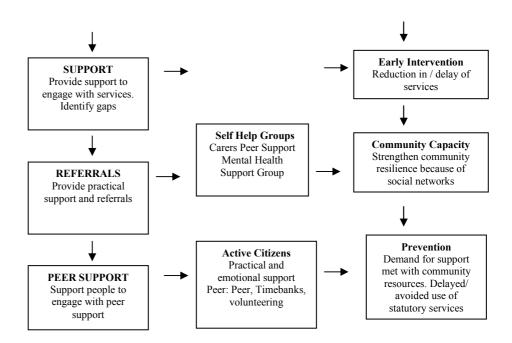
Innovation Fund - funding would be used to kick start, inject life or enhance existing community based services or activities. The grant pot would be available to the community/ voluntary organisations to support innovation or respond to an identified need which will improve the quality of life of older people in Cambridgeshire.

6. OUTCOME

6.1 The overall broad aim of the Community Navigator approach is to help people move from vulnerability to social isolation and regain a sense of contribution and social capital. The flow of service users entering this project is captured in the diagram below:

CASE FINDING COMMUNITY **Early Intervention** Find people with **NAVIGATORS** Needs met when first Engage with the local unmet health and presented social care needs community Appropriate use of services Signpost/ refer to ² Essex Village Agents Case Studies (2010) voluntary/statutory www.villageagents.co.uk/Docs/Case%20Studies% services 2010.pdf

Figure 2: Proposed pathway - Community Navigator Function



6.2 To support the development of a coherent prevention framework in Cambridgeshire, a number of other pieces of work are also underway which will complement the Community Navigator approach. These include:

A review of adult social care records over the past 10 years to more closely identify the events and triggers that lead individuals to need adult social care services

Developing better understanding of the types of prevention, early intervention and support that can best ameliorate these events and triggers Better understanding of the relationship between prevention, early intervention and support and the more 'mainstream' adult social care services The development of an "avoided costs" model to measure the return on investment impact of prevention and early intervention services. This tool will support the Community Navigator approach and will form part of the evaluation of the project

An examination of the extent to which, in a general shift to a prevention approach, the Council can sustainably move beyond its current approach to eligibility (ie of only offering adult social care packages to meet critical and substantial needs)

7. EVALUATION OF THE NAVIGATION APPROACH

7.1 To support greater understanding of the impact of the Community Navigator project, the University of Cambridge; Cambridge Centre of Housing and Planning Research (CCHPR) could undertake independent evaluation. The research team have a reputation as a leading academic research institution and are currently undertaking an evaluation of the FirstStop information and advice service for older people that is funded by the Department of Communities and Local Government (DCLG)³. The evaluation

³ http://www.communities.gov.uk/newsstories/housing/1896913

has been assessing the value for money of the initiative and analysing what savings to the public purse investment in the project is generating.

7.2 The evaluation programme would run a number of processes to evaluate the Community Navigator project including:

Meetings and feedback - There would be an inception meeting to discuss the project, evaluation aims and methods, with interim meetings with the Steering Group as necessary.

Literature, policy and existing evidence review - A literature and policy review of existing and ongoing work in this field will provide a context to the evaluation and will feed into any cost benefit analysis if this is identified as part of the evaluation.

Data collection system - The evaluation team will work with the Community Navigators and the Countywide Coordinator to develop a simple monitoring system and standard system for data collection at the beginning of the project. This will capture the inputs, outputs and outcomes of the casework.

Interviews - Over the three year project, at appropriate intervals, interviews would be conducted with the Countywide Coordinator, District Facilitators and the Community Navigators to analyse progress, successes and challenges.

Survey - A short survey would be conducted of users of the service to collect information on their experience, identify success/challenges, outcomes, alternative outcomes if the service had not been used etc. The survey would be ongoing throughout the three year project and the mechanism for distributing the survey would be built into the scheme from the beginning.

Analysis - The analysis of the data would explore how the project is meeting its objectives. It is possible that some simple value for money analysis could be carried out.

Evaluation reporting - Interim reports would be produced throughout the evaluation depending on the timetable agreed with a final report at the end of the evaluation period.

8. EXIT STRATEGY

8.1 At the core of this project is the aim of supporting a mixture of paid staff and volunteers. It is a goal that the approach associated with this project will be embedded in organisations across the county. Supported by independent evaluation, a review of the impact of the project will also be done. This will help shape the business case for continuing to commission this approach through the appropriate channels.